



COUNTY OF LOS ANGELES PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY
DOWNEY, CALIFORNIA 90242
(562) 940-2501



CALVIN C. REMINGTON
Interim Chief Probation Officer

July 7, 2016

TO: Supervisor Hilda L. Solis, Chair
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Don Knabe
Supervisor Michael D. Antonovich

FROM: Calvin C. Remington 
Interim Chief Probation Officer

SUBJECT: **OLIVE CREST GROUP HOME CONTRACT COMPLIANCE MONITORING
REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM), conducted a review of Olive Crest Group Home, operated by Olive Crest, in February 2016. Olive Crest has four (4) sites, located in the Fifth Supervisorial District of Riverside County. They provide services to Los Angeles County Probation foster children and Los Angeles County Department of Children and Family Services (DCFS) children; however, Olive Crest did not have any DCFS children at the time of the review. According to Olive Crest's program statement, its purpose is to provide residential treatment for emotionally disturbed individuals who may have additional problems of substance abuse/dependence and poor anger management.

Olive Crest has four (4) 6-bed sites, Beazer, Forecast, Lyon and Richmond, which are all licensed to serve a capacity of six (6) boys each, ages 11-17. At the time of review, Olive Crest was serving two (2) Los Angeles County Probation foster children. Based on the sample size, the placed children's overall average length of placement was five (5) months, and their average age was 17 years.

The two (2) Los Angeles County Probation foster youth that were interviewed were not prescribed psychotropic medication; therefore, no cases were reviewed for timeliness of Psychotropic Medication Authorizations (PMAs) or to confirm the required documentation of psychiatric monitoring. Additionally, two (2) discharged Probation foster children's files were reviewed to assess compliance with permanency efforts, and five (5) staff files were also reviewed for compliance with Title 22 Regulations and County Contract Requirements.

SUMMARY

During the PPQA/GHM review, the interviewed children generally reported feeling safe at Olive Crest, and that they were provided with good care and appropriate services, were comfortable in their environment and treated with respect and dignity. Olive Crest was in compliance with four (4) of the 10 areas of the Contract Compliance Review: "Licensure/Contract Requirements", "Education and Workforce Readiness", "Personal Needs/Survival and Economic Well-Being", "Discharge Children". The area of "Psychiatric Medication" was not applicable due to the Group Home not having children taking psychotropic medication.

PPQA/GHM noted deficiencies in five (5) out of the 10 areas. There were no egregious findings or child safety issues in any of the areas; however, in the area of "Facility and Environment", Olive Crest needed to ensure that the minor physical deficiencies are repaired in the children's bedrooms and common quarters. In the area of "Maintenance of Required Documentation and Service Delivery", Olive Crest needed to ensure that all NSP's are completed on the correct template and that they are comprehensive. In the area of "Health and Medical Needs", Olive Crest needed to ensure that all children's initial medical exams are completed timely. In the area of "Personal Rights and Social/Emotional Well-Being", Olive Crest failed to ensure that all children are allowed to participate in age appropriate, extra-curricular, enrichment and social activities in which they have an interest. In the area of "Personnel Records", Olive Crest needed to ensure that all staff receive all their required annual training.

REVIEW OF REPORT

On March 10, 2016, Probation PPQA Monitor RaTasha Smith held an Exit Conference with Olive Crest Residential Director, David Harper. Residential Director Harper agreed with the review findings and recommendations and was receptive to implementing systemic changes to improve their compliance with regulatory standards, as well as address the noted deficiencies in a Corrective Action Plan (CAP).

Olive Crest Group Home provided an approved CAP addressing the recommendations noted in this compliance report. A follow-up visit was conducted on March 18, 2016, and all physical deficiencies cited in the CAP were corrected or systems were put in place to avoid future deficiencies; however, due to the deficiency in the area of NSPs, an additional follow up will be conducted to ensure the agency's adherence to their CAP. Assessment for continued implementation of recommendations will be conducted during the next monitoring review.

A copy of this compliance report has been sent to the Auditor-Controller and Community Care Licensing.

Each Supervisor
July 7, 2016
Page 3 of 3

If additional information is needed or any questions or concerns arise, please contact Director Lisa Campbell-Motton, Placement Permanency and Quality Assurance, at (323) 240-2435.

CCR:FC
LCM:ae

Attachments

c: Sachi A. Hamai, Chief Executive Officer
Lori Glasgow, Executive Officer, Board of Supervisors
John Naimo, Auditor-Controller
Phillip L. Browning, Director, Department of Children and Family Services
Public Information Office
Audit Committee
Sybil Brand Commission
Latasha Howard, Probation Contracts
David Harper, Residential Program Director, Olive Crest
Community Care Licensing

**OLIVE CREST GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY**

Olive Crest, Richmond
License Number: 336403699
Rate Classification Level: 12

Olive Crest, Forecast
License Number: 336403949
Rate Classification Level: 12

Olive Crest, Beazer
License Number: 336403863
Rate Classification Level: 12

Olive Crest, Lyon
License Number: 336403698
Rate Classification Level: 12

	Contract Compliance Monitoring Review	Findings: February 2016
I	<u>Licensure/Contract Requirements</u> (9 Elements) <ol style="list-style-type: none"> 1. Timely Notification for Child's Relocation 2. Transportation Needs Met 3. Vehicle Maintained In Good Repair 4. Timely, Cross-Reported SIRs 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Comprehensive Monetary and Clothing Allowance Logs Maintained 8. Detailed Sign In/Out Logs for Placed Children 9. CCL Complaints on Safety/Plant Deficiencies 	Full Compliance (ALL)
II	<u>Facility and Environment</u> (5 Elements) <ol style="list-style-type: none"> 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms 4. Sufficient Recreational Equipment/Educational Resources 5. Adequate Perishable and Non-Perishable Foods 	<ol style="list-style-type: none"> 1. Full Compliance 2. Improvement Needed 3. Improvement Needed 4. Full Compliance 5. Full Compliance
III	<u>Maintenance of Required Documentation and Service Delivery</u> (10 Elements) <ol style="list-style-type: none"> 1. Child Population Consistent with Capacity and Program Statement 2. County Worker's Authorization to Implement NSPs 3. NSPs Implemented and Discussed with Staff 4. Children Progressing Toward Meeting NSP Case Goals 5. Therapeutic Services Received 6. Recommended Assessment/Evaluations Implemented 7. County Workers Monthly Contacts Documented 	<ol style="list-style-type: none"> 1. Full Compliance 2. Improvement Needed 3. Improvement Needed 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Full Compliance

	<ol style="list-style-type: none"> 8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation 	<ol style="list-style-type: none"> 8. Full Compliance 9. Improvement Needed 10. Improvement Needed
IV	<u>Educational and Workforce Readiness</u> (5 Elements) <ol style="list-style-type: none"> 1. Children Enrolled in School Within Three School Days 2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS/ Vocational Programs 	Full Compliance (ALL)
V	<u>Health and Medical Needs</u> (4 Elements) <ol style="list-style-type: none"> 1. Initial Medical Exams Conducted Timely 2. Follow-Up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely 	<ol style="list-style-type: none"> 1. Improvement Needed 2. Full Compliance 3. Full Compliance 4. Full Compliance
VI	<u>Psychotropic Medication</u> (2 Elements) <ol style="list-style-type: none"> 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review 	N/A
VII	<u>Personal Rights and Social/Emotional Well-Being</u> (13 Elements) <ol style="list-style-type: none"> 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. GH's efforts to provide Meals and Snacks 5. Staff Treat Children with Respect and Dignity 6. Appropriate Rewards and Discipline System 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend or not Attend Religious Services/Activities 9. Reasonable Chores 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance

	10. Children Informed About Their Medication and Right to Refuse Medication 11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 12. Children Given Opportunities to <u>Plan</u> Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 13. Children Given Opportunities to <u>Participate</u> in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Improvement Needed
VIII	<u>Personal Needs/Survival and Economic Well-Being</u> (7 Elements) 1. \$50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children's Involved in Selection of Their Clothing 4. Provision of Clean Towels and Adequate Ethnic Personal Care Items 5. Minimum Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement and Assistance with Life Book	Full Compliance (ALL)
IX	<u>Discharged Children</u> (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Full Compliance (ALL)
X	<u>Personnel Records</u> (7 Elements) 1. DOJ, FBI, and CACIs Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirement 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. <u>All</u> Required Training	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed

**OLIVE CREST GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2015-2016**

SCOPE OF REVIEW

The purpose of this review was to assess Olive Crest's compliance with the County contract and State regulations and include a review of the Olive Crest program statement, as well as internal administrative policies and procedures. The monitoring review covered the following 10 areas:

- Licensure/Contract Requirements
- Facility and Environment
- Maintenance of Required Documentation and Service Delivery
- Educational and Workforce Readiness
- Health and Medical Needs
- Psychotropic Medication
- Personal Rights and Social Emotional Well-Being
- Personal Needs/Survival and Economic Well-Being
- Discharged Children
- Personnel Records

For the purpose of this review, two (2) placed Probation foster children were selected for the sample. Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) interviewed each child and reviewed their case files to assess the care and services they received. At the time of the review, there were no children who were prescribed psychotropic medication. Additionally, two (2) discharged Probation foster children's files were reviewed to assess Olive Crest's compliance with permanency efforts

Five (5) staff files were reviewed for compliance with Title 22 Regulations and County contract requirements, and a site visit was conducted to assess the provision of quality care and supervision.

CONTRACTUAL COMPLIANCE

The following five (5) areas were out of compliance.

Facility and Environment

An inspection of the interiors and exteriors of Olive Crest revealed some cosmetic deficiencies that required correction in the Common Areas and the Children's Bedrooms.

- At Site 1 (Richmond), it was noted that the wall in the library/game room need to be repaired, due to the dry wall crumbling. It appeared that the wall may have been damaged by a chair rubbing against it. In Bedroom #6, the handle on the dresser needed to be repair or replaced, and in Bedroom #2, the cable outlet plate needed to be replaced due to it being cracked.
- At Site 2 (Forecast), it was noted that there was mold on the ceiling in Bathroom #2.
- At Site 4 (Lyon), it was noted that the globe cover for the light needed to be replaced in Bathroom's #1 and #2, due to the light bulb being exposed.

Recommendation

Olive Crest management shall ensure that:

1. All of the aforementioned deficiencies in the common areas are repaired or corrected in a timely manner and continuously maintained.
2. All of the aforementioned deficiencies in the children's bedrooms are repaired or corrected in a timely manner and continuously maintained.

Maintenance of Required Documentation and Service Delivery

Two children's files were reviewed, and both children were placed long enough to have Updated NSPs in their file. Therefore, both children had Initial and Updated NSPs reviewed.

- Of the two (2) Initial NSPs reviewed, one (1) of the Initial NSP's was completed on the incorrect form; therefore, the county workers signature could not be verified, and it could not be determined if the NSP was discussed with staff.
- Of the two (2) Initial NSPs reviewed, one (1) was not comprehensive due to the case plan goal box section not being checked. The goal range for the goals listed was also too long. The goals should be time limited and the time frame provided for the initial goals listed was one year. The goals should be written in a way that the child can make progress toward their goal within a quarterly period. For example, one of the goals stated that the child will learn and implement calming strategies in order to reduce feelings of fear and anxiety and eliminate panic attacks when triggered from zero times a week to five times a week over a 12-month period.

- Of the three (3) Updated NSPs reviewed, all three (3) were deemed non-comprehensive due to the concurrent case plan box not being checked. All three (3) also had a goal range that was one year long. Although one year is a range that can be measured, it is too long to accurately document a child's progress toward their goals. NSP goals should be written within the quarterly time frame. For example, one of the goals was that the child will learn and practice self-control techniques in order to manage anger and decrease the severity of acting out behaviors when triggered from five times a week to once a week over a 12-month period.

Recommendation

Olive Crest's management shall ensure that:

1. The County Worker's Authorization is clearly documented with their signature to implement the NSP and that all NSP's are completed on the Los Angeles County NSP template.
2. All NSP's are completed on the Los Angeles County approved NSP template so that verification is clearly documented that the NSP has been implemented and discussed with staff.
3. All NSP's goals are written in a manner that the goal range is shortened to realistically demonstrate the child's progress on a quarterly basis.
4. All Initial NSP's are comprehensive by ensuring that the case plan goal boxes are checked and are checked accurately.
5. All Updated NSPs are comprehensive by ensuring that the concurrent plan goal boxes are checked and are checked accurately.

Health and Medical Needs

A review of the children's files revealed that one (1) of the two (2) children did not have a timely initial health screen completed. The child did not have his initial health screen completed within the 30 day period. The child was placed on 7/6/15, and his initial health screen was not completed until 8/25/16, making it 18 days late.

Recommendation

Olive Crest's management shall ensure that:

1. All children's initial medical exams are completed timely.

Personal Rights and Social/Emotional Well-Being

During the child interviews, one (1) child reported that he is not allowed the opportunity to participate in age-appropriate, extra-curricular, enrichment, and social activities in which he has an interest. The child expressed that he wanted to join his school's Lesbian, Gay, Bisexual, Transgender (LGBT) club but is not allowed.

Recommendation

Olive Crest's management shall ensure that:

1. All children are given the opportunity to participate in extracurricular activities in which they have an interest.

Personnel Records

During the review of the five (5) staff files, the following deficiency was noted:

- One (1) staff was missing their Commercially Sexually Exploited Children (CSEC) training.

Recommendation

Olive Crest's management shall ensure that:

1. All staff will have the required CSEC training annually as required by Los Angeles County.

PRIOR YEAR FOLLOW-UP FROM THE PROBATION PPQA GHM GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

PPQA/GHM's last compliance report dated June 12, 2015, identified four (4) recommendations. It should be noted that last year's annual compliance review was not posted on the Los Angeles County Probation website due to Olive Crest becoming a new County contractor.

Results

Based on the follow-up, Olive Crest fully implemented all four (4) of the previous recommendations for which they were to ensure that:

- All facility vehicles are kept in good repair

- All sites are free of substantiated allegations by adhering to all Community Care Licensing Requirements and Regulations.
- All children are given the opportunity to provide their input regarding planning age appropriate social activities.
- All placed children receive a Life Book upon their arrival to the Group Home and are encouraged and assisted in maintaining their book throughout their placement.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of Olive Crest by the Auditor Controller is on schedule for the 2015-2016, fiscal year, but has not been conducted at this time.



Dear Ms. Smith,

Below lists the corrective action plans and quality assurance plans we have in place to correct the areas noted by yourself on April 30th, 2015.

I. Facility and Environment

a. Finding: Dry wall was damaged in the library at the Richmond facility

Olive Crest conducts weekly inspections of the Group Home to ensure that the facility remains in good condition. The wall was damaged by the children rubbing a chair against it, which resulted in the drywall being damaged.

Corrective Action Plan:

A maintenance request was submitted and our on grounds maintenance person repaired and painted the wall within the week.

Quality Assurance Plan:

We will continue to use our Olive Crest Reporting procedures for all Maintenance issues. The D1 and Manager do weekly walkthroughs of the facility and report all maintenance issues using "SchoolDude" program. "Schooldude" is an online maintenance program that our staff uses to report all Maintenance issues. Each request is assessed by our Director of Maintenance who sets the priority and schedules the work to be done.

b. Finding: Dresser in bedroom had broken handle at the Richmond facility.

Olive Crest conducts weekly inspections of the Group Home to ensure that the facility remains in good condition. Group Home staff did not notice the broken dresser handle.

Corrective Action Plan:

The maintenance department immediately (the next day) addressed the issue by disposing of the dresser due to the youth having a captain's bed (a bed that has drawers underneath the bed frame) which provides additional storage for his clothing.

Quality Assurance Plan:

We will continue to use our Olive Crest Reporting procedures for all Maintenance issues. The D1 and Manager do weekly walkthroughs of the facility and report all

maintenance issues using "SchoolDude" program. "Schooldude" is an online maintenance program that our staff uses to report all Maintenance issues. Each request is assessed by our Director of Maintenance who sets the priority and schedules the work to be done.

- c. Finding: Richmond site bedroom #2 a face plate was cracked.

Olive Crest conducts weekly inspections of the Group Home to ensure that the facility remains in good condition. Group Home staff did not notice the cracked face plate.

Corrective Action Plan:

A maintenance request for a new faceplate was submitted to our on ground maintenance department. The face plate was replaced within the week.

Quality Assurance Plan:

We will continue to use our Olive Crest Reporting procedures for all Maintenance issues. The D1 and Manager do weekly walkthroughs of the facility and report all maintenance issues using "SchoolDude" program. "Schooldude" is an online maintenance program that our staff uses to report all Maintenance issues. Each request is assessed by our Director of Maintenance who sets the priority and schedules the work to be done.

- d. Finding: Forecast site, there was mold (2 inch by 2 inch) on the ceiling in the #2 bathroom shower area. The mold was due to the fan in the bathroom not being strong enough to remove the moisture from the air which resulted in the small area of mold on the ceiling.

Corrective Action Plan:

A maintenance request was submitted and our on-grounds maintenance person cleaned and painted the ceiling and replaced the existing fan within one week to ensure that the bathroom is properly ventilated to eliminate the possibility of this occurring in the future.

Quality Assurance Plan:

We will have the staff check the kids Independent Living Skills (ILS) on a daily basis and insure the cleaning of all areas. Group Home staff will remind the children to turn on the fan when taking showers to ensure proper ventilation.

- e. Finding: Lyon site Bathroom's #1 & #2 need covers over the lights. The covers were taken off due to the light not being bright enough.

Corrective Action Plan:

A maintenance request was submitted and our on grounds maintenance person within one week replaced the light covers and put bright light bulbs in.

Quality Assurance Plan:

We will continue to use our Olive Crest Reporting procedures for all Maintenance issues. The D1 and Manager do weekly walkthroughs of the facility and report all maintenance issues using "SchoolDude" program. "Schooldude" is an online maintenance program that our staff uses to report all Maintenance issues. Each request is assessed by our Director of Maintenance who sets the priority and schedules the work to be done.

II. Maintenance of Required Documentation and Service Delivery

- a. Finding: Client #1 initial Needs and Services Plan (NSP) was completed on the state form instead of the Los Angeles County form due to a change in staffing. During the last year, we had a complete change in our clinical team due to everyone getting licensed.

Corrective Action Plan:

All of our clinical team were trained March 14, 2016, on the Los Angeles County NSP template to, ensure that this error does not occur in the future. Our Licensed Treatment Supervisor did the training.

Quality Assurance Plan:

We will add this training to the new hire training requirements and continue to do yearly training with our clinicians on all required forms and have our Clinical Supervisor check documentation before it is sent to the county.

- b. Finding: Client #1 initial NSP goal needed to be shortened

Corrective Action Plan:

- b. The Clinical Supervisor will work with the Clinicians to set goals that are measurable and achievable expectations in a quarterly period. The Clinical Supervisor will also do a Final Review of all NSP's. It is noteworthy to mention that we had a complete turn over in our clinical team. Since this goal was written our clinical team has been trained and we have a new Clinical Supervisor who will do a Final Review of the NSP's.

Quality Assurance Plan:

The clinical team will set goals to be achieved within a quarterly period. The Clinical Supervisor will continue to meet and train on an as-needed bases. The Clinical

Supervisor will do a Final Review of all NSPs before they are placed in the children's files.

III. Health and Medical Needs.

- a. Findings: Forecast Client #2 was placed at the Group Home on 7-6-15, and did not receive his initial physical within his first 30 days, 8-25-15 was the soonest that Loma Linda could get him in for an appointment.
- b. Corrective Action Plan:
Olive Crest will continue to strive to meet this requirement by continuing to schedule appointments within the first week of the clients arriving at Olive Crest and will work with the local Doctor's office for the soonest appointments available. We will also ask all Juvenile Halls for current medical documentation.
- c. Quality Assurance Plan:
All Olive Crest Managers and Med Primaries will continue to work with our local Primary Care physician for the next available appointments. If there is an emergency and the client needs to see a doctor sooner than the next appointment, we will take the client to the closest emergency room.

IV. Personal Rights and Social/Emotional Well-Being

- a. Findings: Client #2 stated that he is not allowed to join LGBT's club due to needing his Deputy Probation Officer's approval. After talking to the Manager and the Clinician it was determined that Client #2 never asked anyone on the team about joining any clubs.
- b. Corrective Action Plan:
If and when a client ask to join a club or an extracurricular activity it is our policy to review each client's request and approve or deny base on their ability to function and be safe in the said activity.
- c. Quality Assurance Plan:
All requests are reviewed by the Residential Manager and the Clinician, if further concerns arise the Clinical Supervisor and the Director will also review the request.

V. Personnel Records

- a. Findings: One staff did not have the required CSEC Training.

Corrective Action Plan: Olive Crest will continue to schedule training though out the year to ensure all staff is trained appropriately. This particular staff was hired after the CSEC Training was done for the year.

Quality Assurance Plan: The Program Director and the HR Department will monitor all staff training documentation to ensure the staff are attending and completing training though out the year.

Please do not hesitate to contact me if there's anything else I can assist you with.


David Harper, Program Director
(951) 218-5481

6-10-16
Date